THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016366
STATE FILE NUMBER

FILED MAY 15 1959

Registration District No. 317 Primary Registration District No. 570 Registrar's No. 1281

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Creve Coeur — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 9712 Nantucket Lane — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Creve Coeur 4000 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 9712 Nantucket Lane — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: ALVIN Middle: M. Last: SWIER
4. DATE OF DEATH Month: MAY Day: 7, Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 11, 1902
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Mens Clothing
11. BIRTHPLACE (City and state or country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Morris Swier
14. MOTHER'S MAIDEN NAME: Eve Klopot
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT: Mrs. A.M.Swier-9712 Nantucket Lane (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Momentary
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Previous coronary Occlusion — 4yrs
DUE TO (c) Arteriosclerosis general
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4261
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from May 1953 to time of death and last saw her/him alive on 5/1/59
Death occurred at 1:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Charles N. Duden (Degree or title) MD
22b. ADDRESS 3720 Washington Ave.
22c. DATE SIGNED 5/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/10/59
23c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth Cem.
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri
24. FUNERAL DIRECTOR: Herman Rindskopf, Inc. ADDRESS: 5216 Delmar
25. DATE RECD. BY LOCAL REG.: 5-8-59
26. REGISTRAR'S SIGNATURE: John C. Murphy, MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Ketter

Licensed Embalmer No. 3.

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.